

Academic Coursework Activity Plan & Activity Report for Courses at Accredited Colleges and Universities

Note:

This activity form must be submitted to the RID Approved Sponsor upon completion of the academic course. A copy of the Institution's transcript should be attached.

CMP Participant Address Course Title:	CMP Participant Name (print):	RID Member #:
Name of College or University	CMP Participant Address	
What are the number of credit hours assigned to the course?/semester or/quarter Name of Approved Sponsor: RID Activity Number for this Academic Coursework: Sponsor Code	Course Title:	
Name of Approved Sponsor: RID Activity Number for this Academic Coursework: Sponsor Code Month Year Ascending within month; Internal Code (optional) To which CMP Content Area does this course apply? Professional Studies Course Start Date: Course Start Date: Course Completion Date: (*1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant Date As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start da and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi	Name of College or University	
RID Activity Number for this Academic Coursework: Sponsor Code Month Year Ascending within month; Internal Code (optional) To which CMP Content Area does this course apply? Professional Studies Course Start Date: Course Start Date: (*1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant Date As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start da and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi	What are the number of credit hours assigned to the course?	/semester or/quarter
Sponsor Code . Month Year . Ascending within month; Internal Code (optional) To which CMP Content Area does this course apply? Professional Studies General Studie Course Start Date: Course Completion Date: Number of Continuing Education Credits* (CEUs) awarded to CMP participant: (*1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant Date As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start da and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi	Name of Approved Sponsor:	
To which CMP Content Area does this course apply? Professional Studies General Studie Course Start Date: Course Completion Date: Number of Continuing Education Credits* (CEUs) awarded to CMP participant: (*1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant Date As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start da and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi	RID Activity Number for this Academic Coursework:	
Course Start Date: Course Completion Date: Number of Continuing Education Credits* (CEUs) awarded to CMP participant: (*1.5 CEU/credit based on a <i>Semester</i> session or 1.0 CEU/credit based on a <i>Quarter</i> session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant Date As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start day and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi	Sponsor Code . Month Year .Ascendi	ng within month; Internal Code (optional)
Number of Continuing Education Credits* (CEUs) awarded to CMP participant: (*1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant	To which CMP <i>Content Area</i> does this course apply?	Professional Studies General Studies
(*1.5 CEU/credit based on a Semester session or 1.0 CEU/credit based on a Quarter session. As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experier which exceeds routine employment responsibilities. Signature of CMP Participant	Course Start Date:	Course Completion Date:
which exceeds routine employment responsibilities. Signature of CMP Participant		
As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start da and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi	which exceeds routine employment responsibilities.	
and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completi		
TOT THE COURSE AND A STADE OF COLUMN TEATOR DELIER	and I agreed to sponsor this Continuing Education Experience. Pr	
Signature of RID Approved Sponsor AdministratorDate		Date